

HAZARDOUS WASTE MANAGEMENT PLAN

COMPLETE A LINE FOR EACH WASTE STREAM. Additional forms can be found at www.co.washington.mn.us/HazWaste under Management Plan-Hazardous Waste. Contact the Hazardous Waste Program at 651-430-6655 for assistance.

GENERATOR NAME

HWID

WASTE DESCRIPTION

1. Waste Stream Name:

List the descriptive name of each type of hazardous waste you produce. Ex: Parts Washer Solvent, Used Oil, Waste Pharmaceuticals, Amalgam Wastewater, etc. **Use one line for each waste; use additional sheets for more than 4 wastes:**

A.

B.

C.

COUNTY USE ONLY:

A. Waste Code _____ INV# _____

B. Waste Code _____ INV# _____

C. Waste Code _____ INV# _____

Waste Codes: Ag, E, H, S, O.

2. Waste physical state and source or process from which it was produced.

Ex: Liquid; spent solvent from degreasing operation or Solid; contaminated rags/absorbents.

A.

B.

C.

3. Waste Codes.

List the four digit waste code for **each** waste stream such as D001 – Flammable. See the Hazardous Waste Code section of the [Compliance Guide](#) for more information about how to determine the correct code, including specific Washington County codes for Used Oil and related wastes.

A.

B.

C.

COUNTY USE ONLY:

A. Waste Category: _____

B. Waste Category: _____

C. Waste Category: _____

4. Estimated volume generated per year AND year waste was first produced.

List in first box the volume in either POUNDS or GALLONS. List the year first generated in the box to the right.

A.	LBS / GALS (CIRCLE ONE)	YEAR GENERATED:
B.	LBS / GALS (CIRCLE ONE)	YEAR GENERATED:
C.	LBS / GALS (CIRCLE ONE)	YEAR GENERATED:

WASTE DISPOSAL

5. Waste Management Method.

Select how your waste will be managed.

Choose one method for each waste (1 – 18) from the list.

A.	
B.	
C.	

- | | |
|--|---|
| <ol style="list-style-type: none">1. Burned for fuel2. Biological treatment3. Chemical fixation4. Commercial laundry service5. Hazardous waste landfill6. Hazardous waste transporter7. Incineration / thermal treatment8. Mixed with oil (VSQG only)9. Neutralized off-site10. Neutralized on-site | <ol style="list-style-type: none">11. Oil burned on-site12. Oil recycled off-site13. Oil filters recycled14. Reclaimed on-site15. Recycled / beneficial use16. Sewered after treatment17. Sewered without treatment18. VSQG collection |
|--|---|

6. Waste Transporter.

List the TRANSPORTER NAME in the first box. List the EPA ID of the transporter in the box to the right. Write "self" self-hauling to a VSQG collection or recycle site. Write "N/A" if waste is treated onsite.

A.	Transporter Name:	EPA ID:
B.	Transporter Name:	EPA ID:
C.	Transporter Name:	EPA ID:

7. Waste Processing Facility – Treatment Storage and Disposal Facility (TSDF).

List where your waste will end up for processing / treatment the first box. List the EPA ID of the facility in the box to the right. Write "N/A" if waste is treated onsite.

A.	Facility Name:	EPA ID:
B.	Facility Name:	EPA ID:
C.	Facility Name:	EPA ID:

8. Onsite Treatment Process.

If your waste is treated onsite describe how for each waste. If not, write "N/A". For example: amalgam waste water treated with an amalgam separator – list type, or corrosive liquids neutralized and sewered – describe process, or used oil burned on site – list burner type.

Notes: City sewer system permission may be required.
Industrial or commercial waste cannot be discharged to a septic system.

A.

B.

C.

CERTIFICATION

Read certification statements and sign below.

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Signature: Date:

Name: Title:

COUNTY USE ONLY:

Plan reviewed and approved by: HW Inspector: _____ Date: _____

Industry Class Code: _____ Gen Size: _____ Notes: _____
